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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | <b>Attorney Docket No.</b>                            | TUC9-2003-0021US1 | <b>Total Pages</b> | 36 |
|   | <b>First Named Inventor or Application Identifier</b> |                   |                    |    |
|   | Michael T. Benhase et al.                             |                   |                    |    |
|   | <b>Express Mail Label No.</b>                         | ER211528301US     |                    |    |

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| <b>APPLICATION ELEMENTS</b><br><i>See MPEP chapter 600 concerning utility patent application contents.</i>   | <b>Commissioner for Patents</b><br><b>Mail Stop Patent Application</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>   |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form<br/><i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification (Total Pages) <u>27</u><br/><i>(Preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Application</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) (Total Pages) <u>6</u></p> <p>4. Oath or Declaration (Total Pages) <u>3</u></p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><i>(for continuation /divisional with Box 17 completed)</i></p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked)<br/>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>if foreign priority is claimed</i></p> <p>16. <input checked="" type="checkbox"/> Other: Express Mail Certificate</p> |

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

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**Assignee Name:** INTERNATIONAL BUSINESS MACHINES CORPORATION

**Assignee Residence:** Armonk, New York

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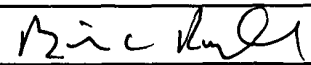
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|---|---------|-------------------------|---------------------------|
| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="font-size: small; margin-top: 10px;">Note: Effective October 1, 2001.<br/>Patent fees are subject to annual revision.</p> |         | <b>Compl t If Kn wn</b> |                           |
|   |         | Applicati n Numb r      | Not yet assigned          |
|   |         | Filing Dat              | September 17, 2003        |
|   |         | First Nam d Inventor    | Michael T. Benhase et al. |
|   |         | Group Art Unit          |                           |
|   |         | Examiner Name           |                           |
| TOTAL AMOUNT OF PAYMENT   | \$ 1138 | Attorney Docket Number  | TUC9-2003-0021US1         |

| METHOD OF PAYMENT (check one)  | FEE CALCULATION (continued)   |              |          |  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
|--|---|--------------|----------|--|---------------|-----------------|----------|----------|----------|----------|----------|------|-----|------|----|-------------------------------------|--|------|----|------|----|--|--|------|-----|------|-----|---------------------------|--|------|------|------|------|--|--|------|------|------|------|--|--|------|-------|------|-------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|------|------|-----|---|--|------|------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|------|------|------|---|--|------|-----|------|----|----------------------------------|--|------|------|------|-----|------------------------------------|--|------|------|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|--|------|----|------|----|--|----|------|-----|------|-----|---|--|------|-----|------|-----|--|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|--|---------------|--|--|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|--------------------|-----|------|-----|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|----|------------------------|--|---------------------|--|--|--|--|---------------|--|--|-------|--|----------------|--|----------|--------------|-------|--|---|--|---|----|-------|----|---|----|---|-----|-------------|------|---|---|----|---|-----|----------------------|--|---|---|-----|---|---|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|----|------|---|------------------------|--|------|----|------|----|-----------------------------------|--|------|-----|------|-----|--------------------------|--|---------------------|--|--|--|--|---------------|---------------------|--|--------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <u>09-0449</u></p> <p>Deposit Account Name: <u>IBM CORPORATION</u></p> <p>Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Allowance</p> <p>Charge the Issue Fee In 37 CFR at the Mailing of the Notice of <input type="checkbox"/></p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> | <h3>3. ADDITIONAL FEES</h3> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - intentional</td><td></td></tr> <tr><td>1453</td><td>1300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1300</td><td>2501</td><td>650</td><td>Utility issue fee</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td style="text-align: center;">40</td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td colspan="2"></td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>\$ 750</b></td> <td colspan="2"></td> <td></td> <td></td> </tr> </tbody> </table> <h3>1. FILING FEE</h3> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td style="text-align: center;">750</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: center;"><b>\$ 750</b></td> </tr> </tbody> </table> <h3>2. CLAIMS</h3> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Extra</th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th>-20 =</th> <th></th> <th>x</th> <th></th> <th>=</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>-20 =</td> <td>10</td> <td>x</td> <td>18</td> <td>=</td> <td>180</td> </tr> <tr> <td>Ind. Claims</td> <td>-3 =</td> <td>2</td> <td>x</td> <td>84</td> <td>=</td> <td>168</td> </tr> <tr> <td>Multiple Dep. Claims</td> <td></td> <td>0</td> <td>x</td> <td>280</td> <td>=</td> <td>0</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: center;"><b>\$ 348</b></td> </tr> </tbody> </table> <p style="font-size: small;">*Reduced by Basic Filing Fee</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td style="text-align: center;"><b>\$ 40</b></td> </tr> </table> | Large Entity |          | Small Entity   |               | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2520 | 1812 | 2520 | For filing a request for reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1840* | 1805 | 1840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  | 1254 | 1450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - intentional |  | 1453 | 1300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1300 | 2501 | 650 | Utility issue fee |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (1)</b> |  |  |  |  |  | <b>\$ 750</b> |  |  |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 750 | 2001 | 375 | Utility filing fee | 750 | 1002 | 330 | 2002 | 165 | Design filing fee |  | 1003 | 520 | 2003 | 260 | Plant filing fee |  | 1004 | 750 | 2004 | 375 | Reissue filing fee |  | 1005 | 160 | 2005 | 80 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>\$ 750</b> |  |  | Extra |  | Fee from below |  | Fee Paid | Total Claims | -20 = |  | x |  | = | 30 | -20 = | 10 | x | 18 | = | 180 | Ind. Claims | -3 = | 2 | x | 84 | = | 168 | Multiple Dep. Claims |  | 0 | x | 280 | = | 0 | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  | 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 |  | 1203 | 280 | 2203 | 140 | Multiple dependent claim |  | <b>SUBTOTAL (2)</b> |  |  |  |  | <b>\$ 348</b> | <b>SUBTOTAL (3)</b> |  | <b>\$ 40</b> |
| Large Entity   |   | Small Entity |          | Fee Description  | Fee Paid      |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$) |  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1051   | 130   | 2051         | 65       | Surcharge - late filing fee or oath  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1052   | 50  | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1053   | 130   | 1053         | 130      | Non-English specification  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1812   | 2520  | 1812         | 2520     | For filing a request for reexamination                                     |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1804   | 920*  | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1805   | 1840*   | 1805         | 1840*    | Requesting publication of SIR after Examiner action                        |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1251   | 110   | 2251         | 55       | Extension for reply within first month                                     |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1252   | 410   | 2252         | 205      | Extension for reply within second month                                    |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1253   | 930   | 2253         | 465      | Extension for reply within third month                                     |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1254   | 1450  | 2254         | 725      | Extension for reply within fourth month                                    |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1255   | 1970  | 2255         | 985      | Extension for reply within fifth month                                     |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1401   | 320   | 2401         | 160      | Notice of Appeal   |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1402   | 320   | 2402         | 160      | Filing a brief in support of an appeal                                     |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1403   | 280   | 2403         | 140      | Request for oral hearing   |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1451   | 1510  | 1451         | 1510     | Petition to institute a public use proceeding                              |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1452   | 110   | 2452         | 55       | Petition to revive - intentional   |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1453   | 1300  | 2453         | 650      | Petition to revive - unintentional   |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1501   | 1300  | 2501         | 650      | Utility issue fee  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1502   | 470   | 2502         | 235      | Design issue fee   |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1503   | 630   | 2503         | 315      | Plant issue fee  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1460   | 130   | 1460         | 130      | Petitions to the Commissioner  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1807   | 50  | 1807         | 50       | Petitions related to provisional applications                              |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1806   | 180   | 1806         | 180      | Submission of Information Disclosure Stmt                                  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 8021   | 40  | 8021         | 40       | Recording each patent assignment per property (times number of properties) | 40            |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1809   | 750   | 2809         | 375      | Filing a submission after final rejection (37 CFR 1.129(a))                |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1810   | 750   | 2810         | 375      | For each additional invention to be examined (37 CFR 1.129(b))             |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| Other fee (specify) _____  |   |              |          |  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| <b>SUBTOTAL (1)</b>  |   |              |          |  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| <b>\$ 750</b>  |   |              |          |  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| Large Entity   |   | Small Entity |          | Fee Description  | Fee Paid      |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$) |  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1001   | 750   | 2001         | 375      | Utility filing fee   | 750           |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1002   | 330   | 2002         | 165      | Design filing fee  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1003   | 520   | 2003         | 260      | Plant filing fee   |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1004   | 750   | 2004         | 375      | Reissue filing fee   |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1005   | 160   | 2005         | 80       | Provisional filing fee   |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| <b>SUBTOTAL (1)</b>  |   |              |          |  | <b>\$ 750</b> |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
|  |   | Extra        |          | Fee from below   |               | Fee Paid        |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| Total Claims   | -20 =   |              | x        |  | =             |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 30   | -20 =   | 10           | x        | 18   | =             | 180             |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| Ind. Claims  | -3 =  | 2            | x        | 84   | =             | 168             |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| Multiple Dep. Claims   |   | 0            | x        | 280  | =             | 0               |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| Large Entity   |   | Small Entity |          | Fee Description  | Fee Paid      |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$) |  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1202   | 18  | 2202         | 9        | Claims in excess of 20   |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1201   | 84  | 2201         | 42       | Independent claims in excess of 3  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| 1203   | 280   | 2203         | 140      | Multiple dependent claim   |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| <b>SUBTOTAL (2)</b>  |   |              |          |  | <b>\$ 348</b> |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |
| <b>SUBTOTAL (3)</b>  |   | <b>\$ 40</b> |          |  |               |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |      |      |      |  |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                     |  |  |  |  |  |               |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |               |  |  |       |  |                |  |          |              |       |  |   |  |   |    |       |    |   |    |   |     |             |      |   |   |    |   |     |                      |  |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |                     |  |  |  |  |               |                     |  |              |

| SUBMITTED BY          |  |   |  | Complete (if applicable) |              |
|-----------------------|--|---|--|--------------------------|--------------|
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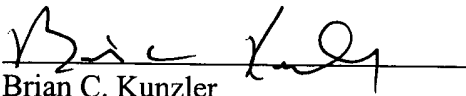
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I hereby certify that this patent application in the name of Michael T. Benhase, Susan K. Candelaria, Paul M. Richards, and Brian A. Rinaldi for APPARATUS, SYSTEM, AND METHOD FOR IDENTIFYING A FAULTY COMMUNICATION, together with the drawings, a Declaration, Power of Attorney, and Petition, an Assignment and Recordation Form Cover Sheet, Information Disclosure Statement, PTO Form 1449, and Copies of Cited References are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above in an envelope addressed to MailStop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Respectfully submitted,

  
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Date: September 17, 2003

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